| PATENT APPLICATION FEE DETERMINATION RECOR   |  |   |                                |                               |                      |                  |            |                   | ) ,                    |    |                               |                        |  |  |
|--|--|---|--------------------------------|-------------------------------|----------------------|------------------|------------|-------------------|------------------------|----|-------------------------------|------------------------|--|--|
| Effective January 1, 2003  |  |   |                                |                               |                      |                  |            | 10/602 170        |                        |    |                               |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                |                               |                      |                  |            | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |  |  |
| TOTAL CLAIMS   |  |   | Ø                              |                               |                      |                  | F          | ATE               | FEE                    |    | RATE                          | FEE                    |  |  |
| FOR  |  |   | NUMBER FILED                   |                               | NUMBI                | ER EXTRA         | BAS        | SIC FEE           | 375.00                 | OR | BASIC FEE                     | 750.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=                      |                               | •                    | 0                | X\$ 9=     |                   | 0                      | OR | X\$18=                        |                        |  |  |
| INDEPENDENT CLAIMS   |  |   | / minus 3 =                    |                               | *                    | 0                | X42=       |                   | 0                      | OR | X84=                          |                        |  |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                               | RESENT                         |                               |                      |                  |            |                   | 0                      |    |                               |                        |  |  |
|  |  |   | loca than zero, optor "O" in a |                               |                      | aluma 0          | +140=      |                   | 0                      | OR | +280=                         |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                |                               |                      |                  | T          | TOTAL 375         |                        | OR | TOTAL                         |                        |  |  |
| CLAIMS AS AMENDED - PART II  5-13-04 (Column 1) (Column 2) (Column 3)  |  |   |                                |                               |                      |                  |            | MALL              | ENTITY                 | OR | OTHER<br>SMALL                |                        |  |  |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA | F          | ATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
| AMENDMENT A  | Total  | . 64  | Minus                          | ** 6                          | 4                    | = /              | ×          | \$ 9=             |                        | OR | X\$18=                        |                        |  |  |
|  | Independent                                    | . 3   | Minus                          | ***                           | 3                    | 1                | T          | (42=              |                        | OR | X84=                          | ·                      |  |  |
| ٢  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |                      |                  |            | 140=              |                        |    | +280=                         |                        |  |  |
|  | •  | •   |                                |                               |                      |                  |            |                   |                        | OR | TOTAL                         |                        |  |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                                |                               |                      |                  |            | IT. FEE           |                        | OR | ADDIT. FEE                    | <u> </u>               |  |  |
| AMENDMENT B  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                | HIGH<br>NUM<br>PREVIO         | HEST<br>BER<br>OUSLY | PRESENT<br>EXTRA | F          | ATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | *   | Minus                          | **                            |                      | =                | >          | (\$ 9=            |                        | OR | X\$18=                        |                        |  |  |
|  | Independent                                    | * .   | Minus                          | ***                           |                      | =                |            | (42=              |                        | OR | X84=                          |                        |  |  |
|  | FIRST PRESE                                    | NTATION OF MU                               | JLTIPLE DEP                    | ENDEN                         | r CLAIM              |                  | ۱ <u>۱</u> | 140=              |                        |    | +280=                         |                        |  |  |
|  |  |   |                                |                               |                      |                  |            |                   |                        | OR | TOTAL                         |                        |  |  |
|  |  |   |                                |                               |                      |                  |            |                   |                        | OR | ADDIT. FEE                    | L                      |  |  |
|  |  | (Column 1)<br>CLAIMS                        | ,                              | (Colu                         | mn 2)<br>KEST        | (Column 3)       |            |                   |                        |    |                               |                        |  |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT             |                                | PREVI                         | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | F          | ATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |  |
|  | Total  | *   | Minus                          | **                            |                      | =                |            | \$ 9=             |                        | OR | X\$18=                        |                        |  |  |
|  | Independent                                    | *   | Minus                          | ***                           | . <u> </u>           | =                |            | (42=              |                        | OR | X84=                          |                        |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                               |                      |                  |            |                   |                        |    | -                             |                        |  |  |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> </ul>  |  |   |                                |                               |                      |                  |            | 140=              |                        | OR | +280=                         | ļ                      |  |  |
| ** If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE  ** ADDIT. FEE  ** ADDIT. FEE |  |   |                                |                               |                      |                  |            |                   |                        |    |                               | <u></u>                |  |  |
| The "Highest Number Previously Paid For" (N 1HIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.           |  |   |                                |                               |                      |                  |            |                   |                        |    |                               |                        |  |  |
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